

Tropospheric Ozone and Human Health

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Outline

- Brief history of air pollution and human health research
- Tropospheric ozone
- The relationship between ozone and mortality
 - Recent studies
 - Future research directions

Early Air Pollution and Human Health Research

Donora, PA 1948



LA, 1940's and 50's



Photos: DL Davis, 2002

Designer Smog Masks (London 1950's)



Source: DL Davis. *When Smoke Ran Like Water* (2002)

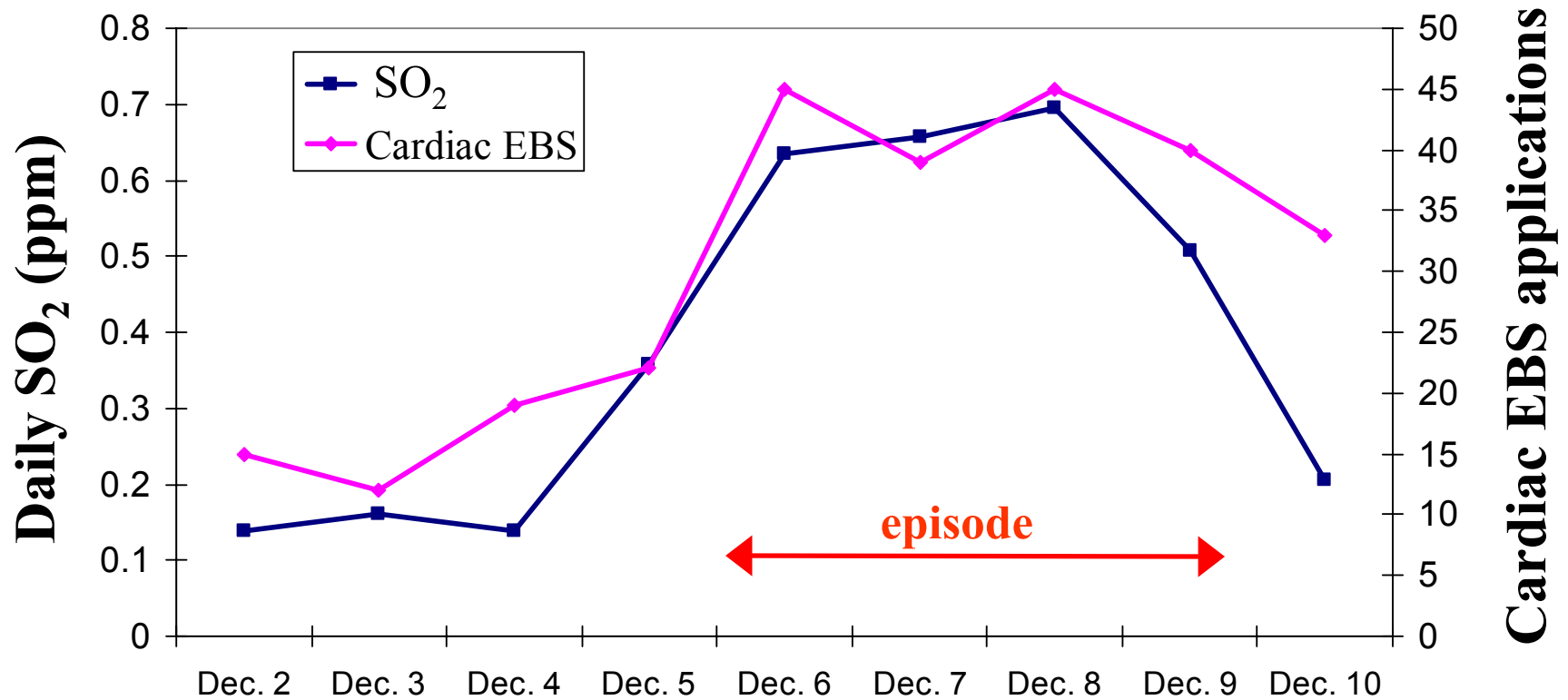
London 1952

10:30am

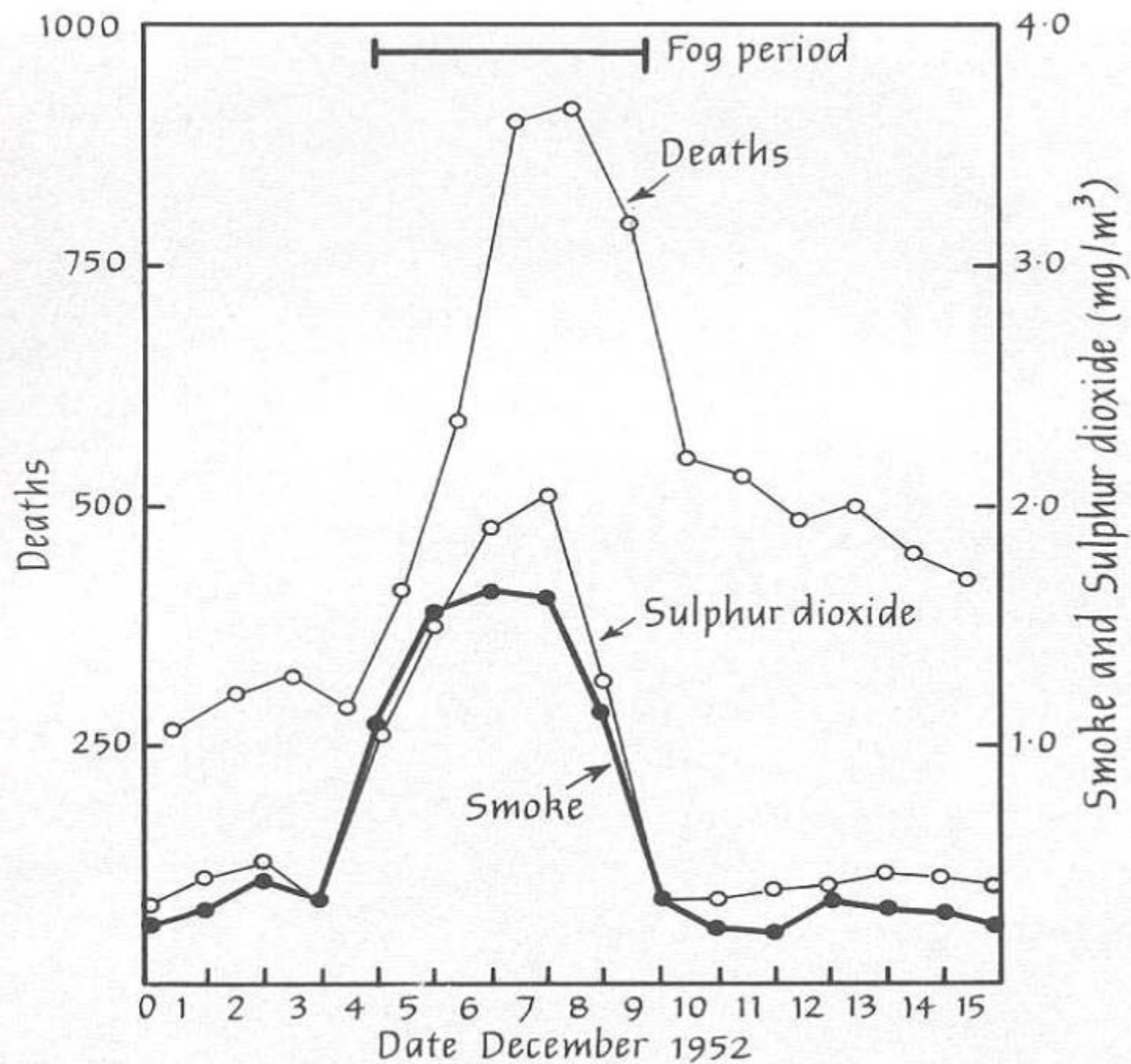


Source: National Archives

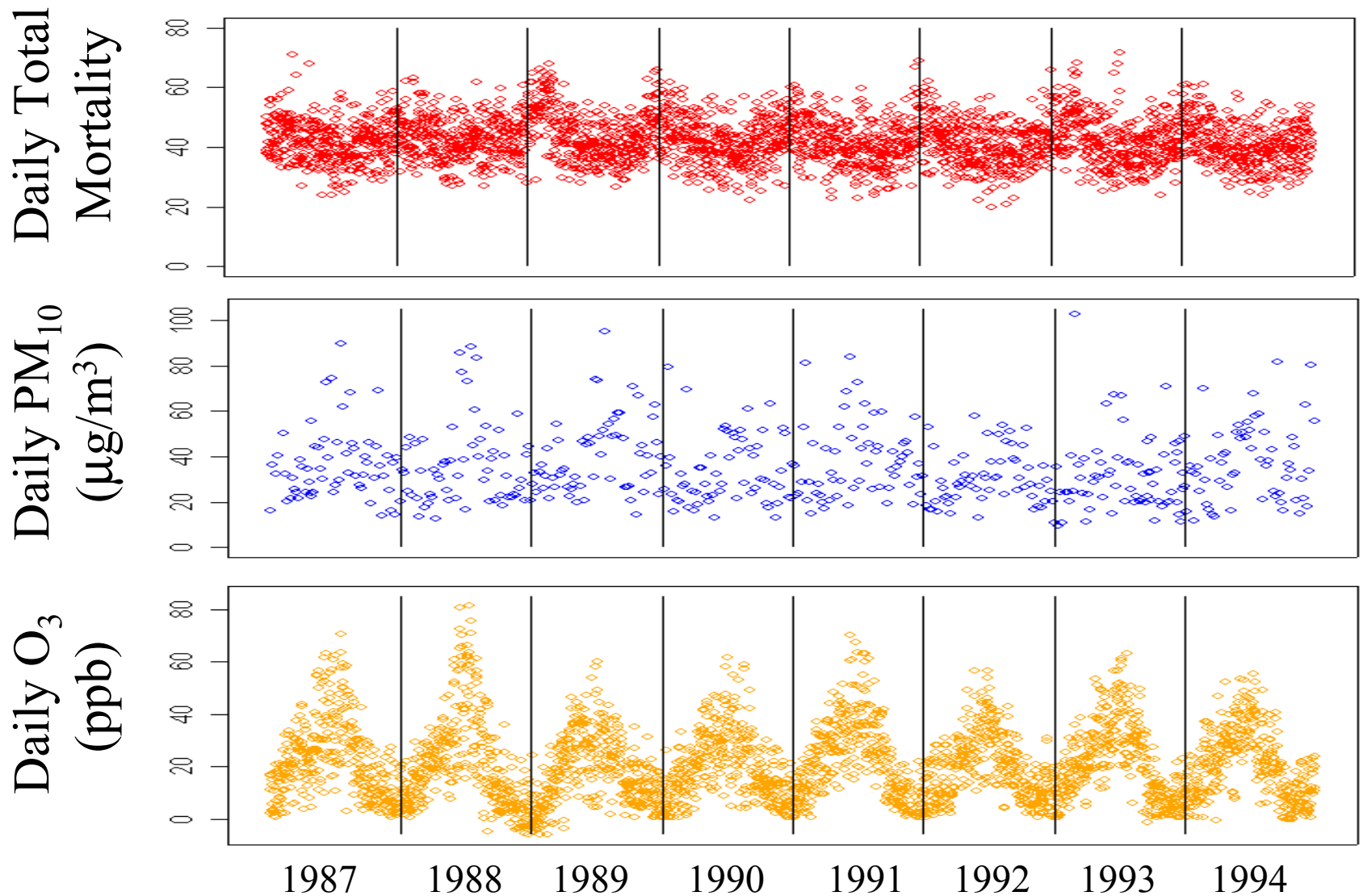
Cardiac Emergency Bed Service Applications for Greater London 1952



Source: Bell & Davis, *EHP* 2001



Modern Data: Philadelphia (1987-1994)



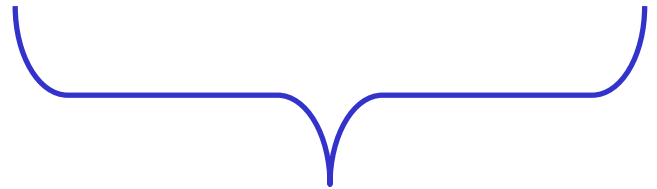
Source: NMMAPS, Johns Hopkins Bloomberg School of Public Health

Also in 1952: Discovery of Photochemical Smog

- Arie Haagen-Smit (1900 – 1977)
 - Began with study of vegetation damaged by air pollution
 - Discovered that tropospheric O_3 was
 - Not mainly from stratospheric intrusion
 - Not directly emitted but was formed through the chemical conversion of precursors
 - Suggested that O_3 and its precursors were the main constituents of LA smog



Tropospheric O₃ Chemistry (very simplified)

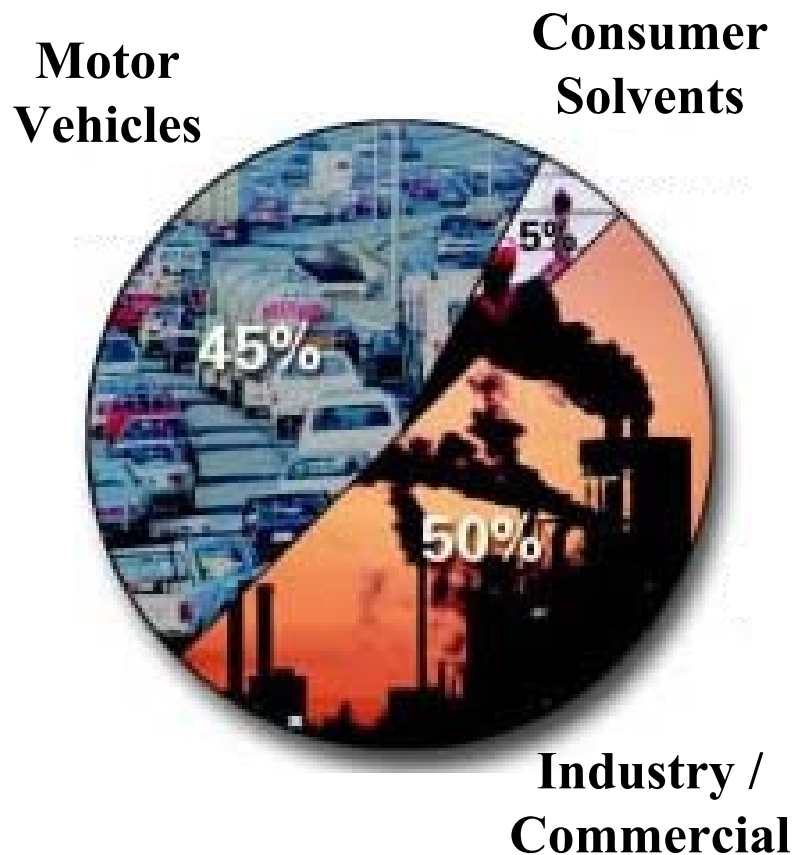


Precursors to ozone

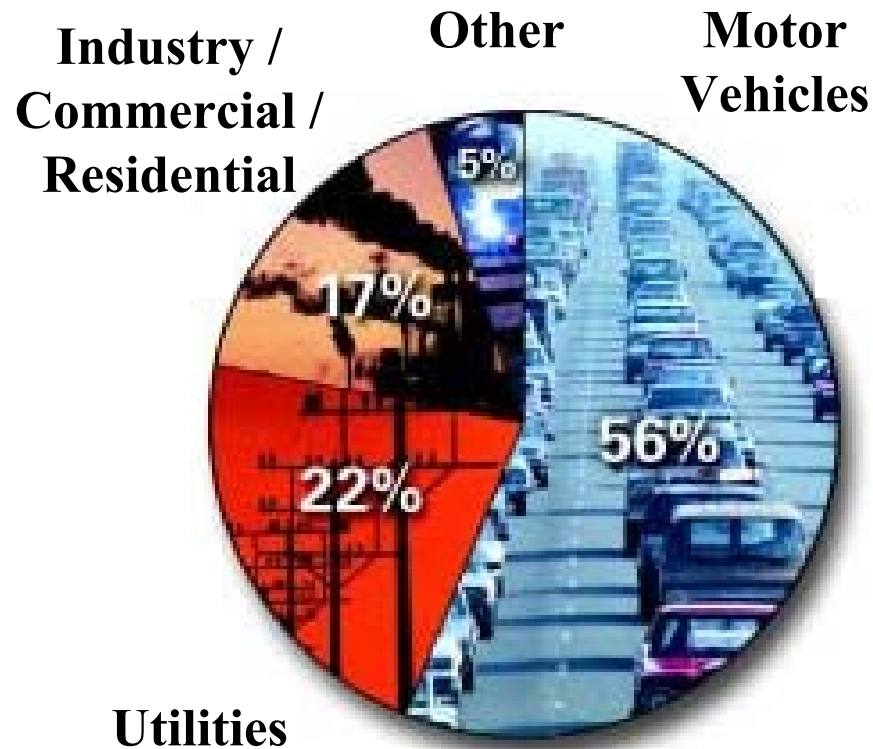


**Secondary
pollutant**

Anthropogenic Ozone Precursors



VOC Sources



NO_x Sources

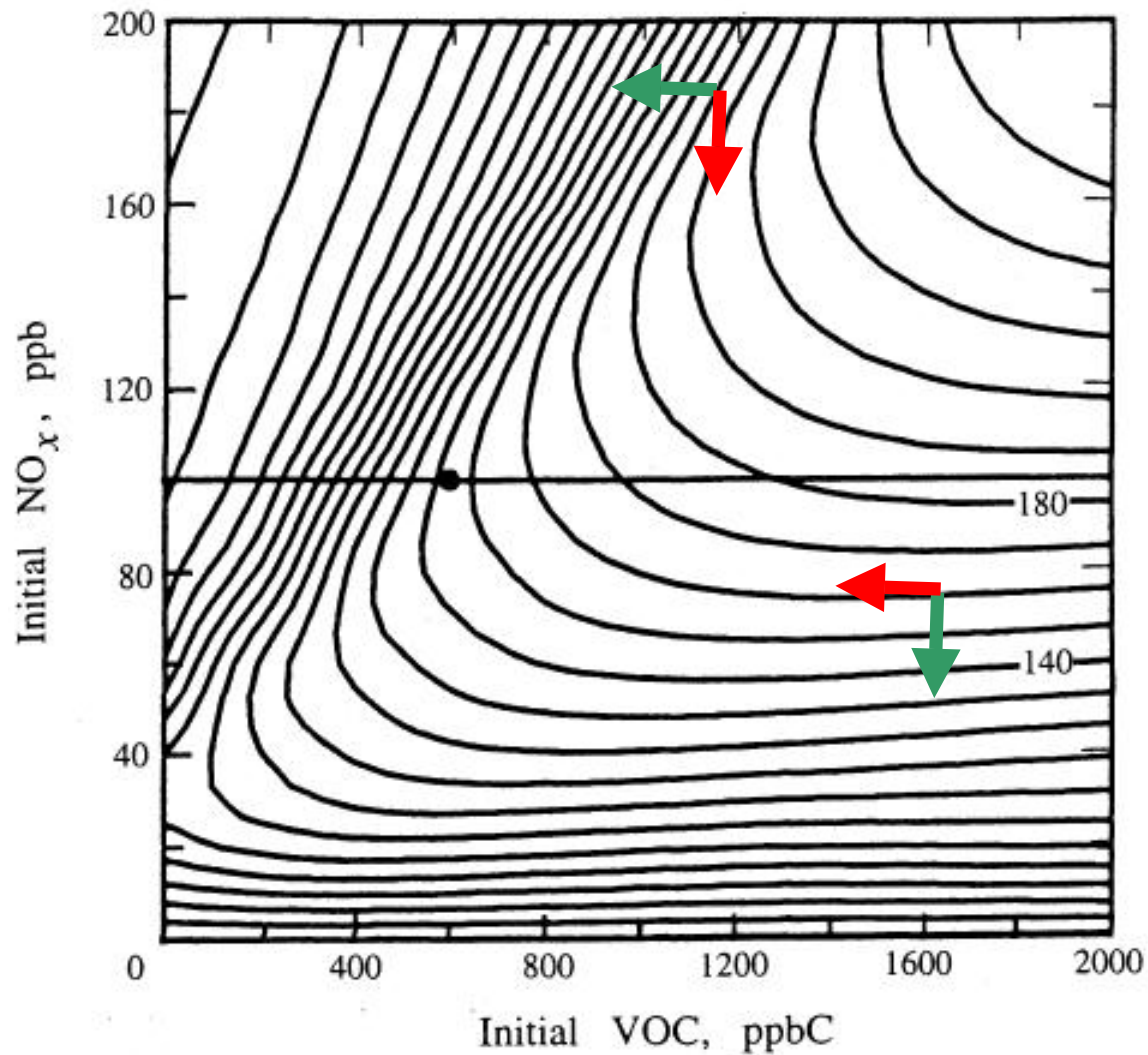
NO₂ and Health

- Health effects: irritation to throat and lungs, respiratory tract infection, exacerbation of asthma, lung function, possible increased susceptibility to allergens
- Children and asthmatics more susceptible
- Also a Criteria Pollutant

Volatile Organic Compounds (VOCS)

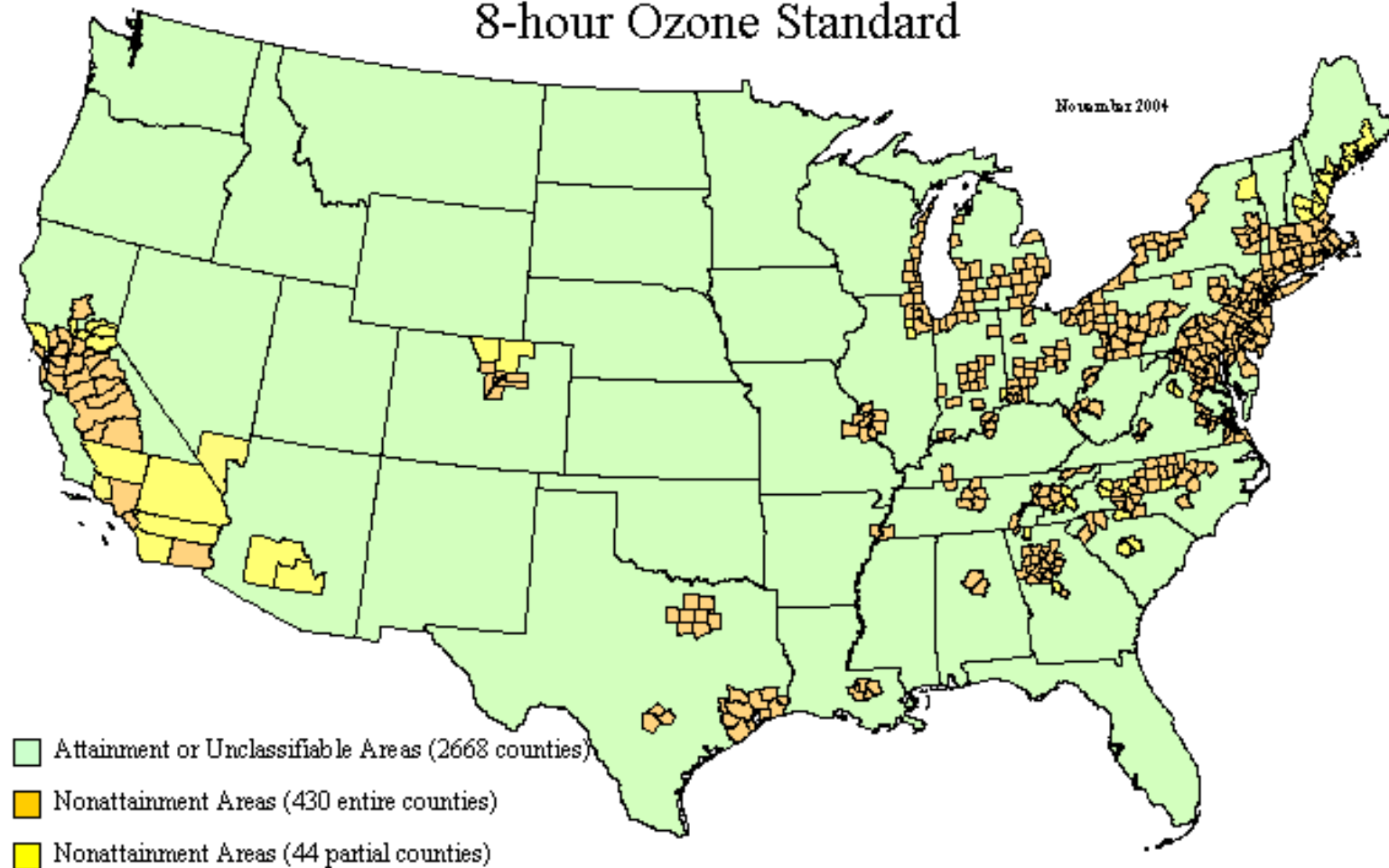
- Category of pollutants
- Gas
- Primary, secondary
- **Sources:** Biomass and fossil fuel combustion, construction materials, household chemicals (solvents), industry, biogenic sources
- **Health effects:** headache, dizziness, upper respiratory tract irritation, nausea, cancer

O₃ Isopleth Plot



Attainment and Nonattainment Areas in the U.S. 8-hour Ozone Standard

November 2004



Health Impacts of Ozone

- Effects on lung function
- Respiratory symptoms
- Exacerbation of asthma
- Hospital admissions
- Emergency room visits
- **Mortality?**



Source: EPA. *Air Quality Criteria for Ozone and Related Photochemical Oxidants*. **1996**

Why divergent results for ozone and mortality?

- Potential reasons:
 - Differences in (and lack of) statistical power
 - Various statistical methods
 - Addressing of potential confounders
 - Underlying populations
 - Health care systems
 - Data quality
 - Others?

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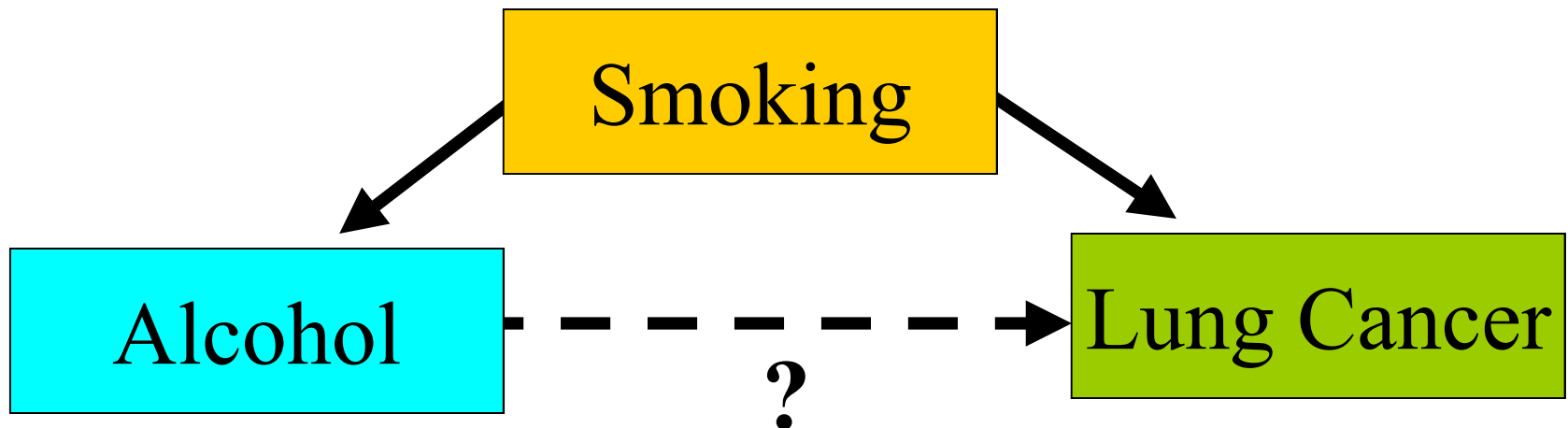
Confounders

- Potential confounder
 - Associated with the exposure of concern
 - Associated with the health endpoint
 - Not in the causal pathway
- Can create spurious associations or obscure real associations

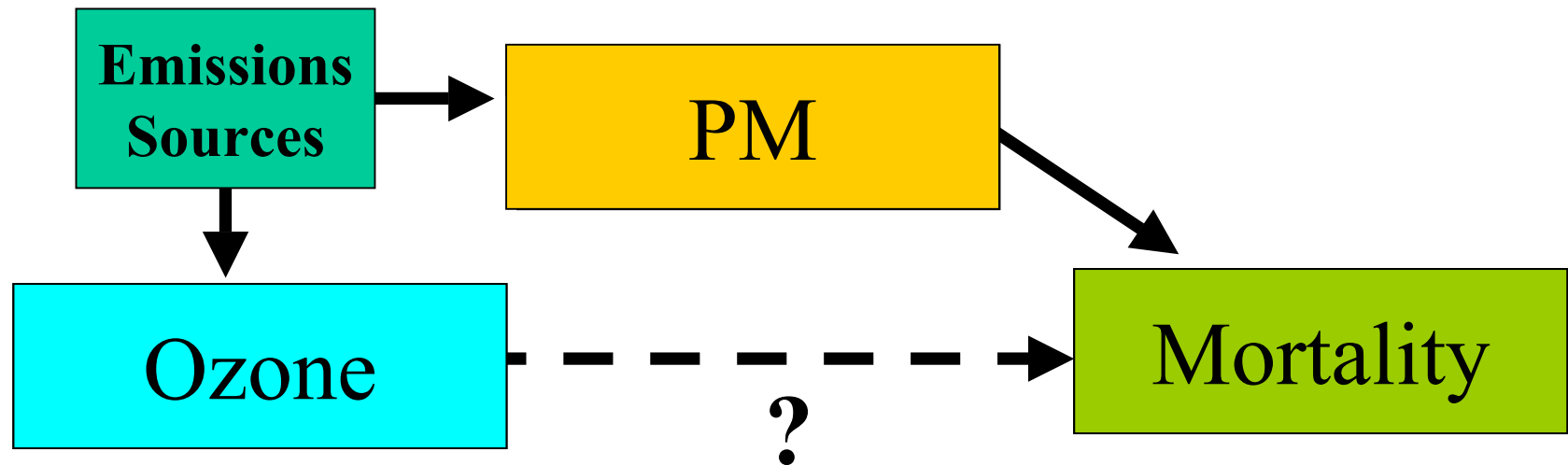


Confounding Example

- What is associated with *both* the exposure and the health outcome?
 - Could potentially be a confounder



Potential Confounders for Ozone and Mortality



Approaches to Resolve Seemingly Conflicting Results

1) Meta-Analysis

Combine results of previous efforts

- + Increased statistical power
- + Can explore differences in model specification, location, etc.
- Publication bias

2) Multi-City Study

Estimate the relationship in numerous locations

- + The above advantages
- + Lack of publication bias
- Data intensive

1) Meta-Analysis Approach

- Systematically review the literature to find studies
- 144 effect estimates from 39 time-series studies
 - 38 in the U.S., 106 from outside the U.S.
- Combine the estimates using a Bayesian hierarchical model

$$\hat{\beta}^s \mid \beta^s, v^s \sim N(\beta^s, v^s), s = 1, \dots, S$$

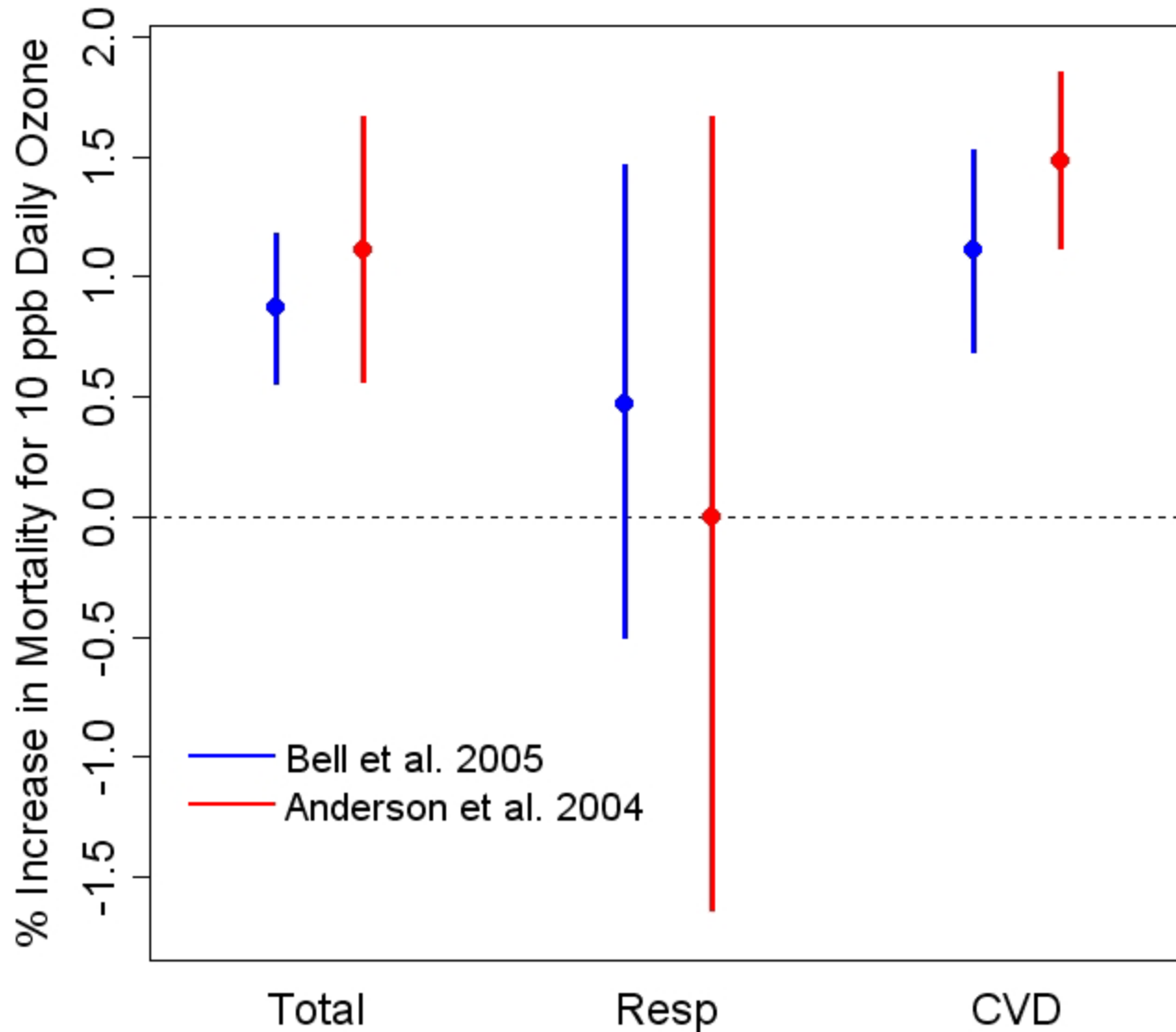
$$\beta \mid \mu, \tau^2 \sim N(\mu, \tau^2)$$

Plus sensitivity analysis to model structure and distributions . . .

Results by Cause

- Percent increase in daily total mortality for a 10 ppb increase in daily ozone (95% CI)
- Total: **0.87% (0.55, 1.18%)**
- CVD: **1.11% (0.68, 1.53%)**
- Respiratory: **0.47% (-0.51, 1.47%)**

Comparison to Anderson et al. *WHO* Report (2004)



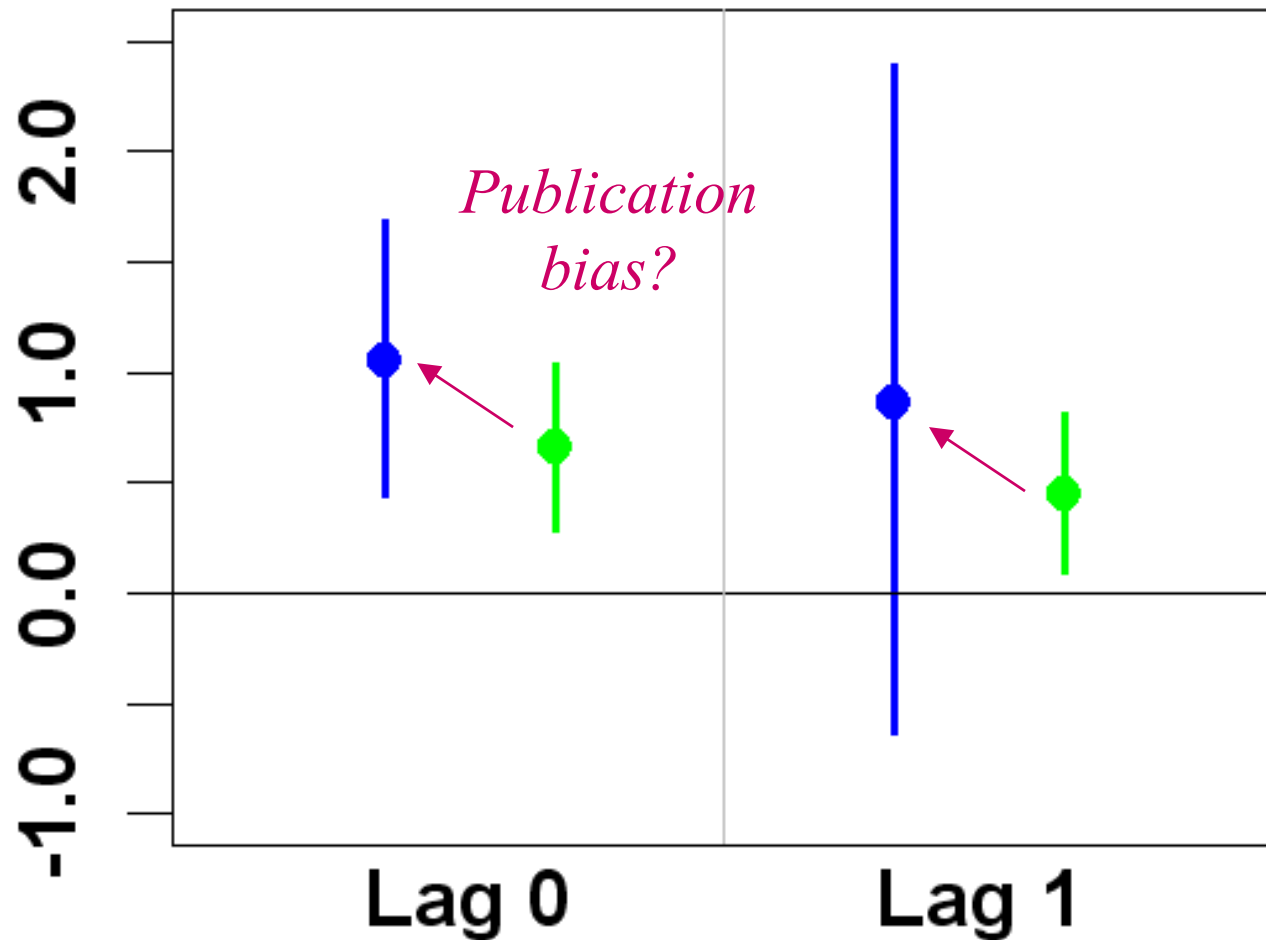
Other New Meta-Analyses

- **Jonathan I. Levy**, Susan M. Chemerynski, Jeremy A. Sarnat (2005). Ozone exposure and mortality risk: An empirical Bayes meta-regression analysis. *Epidemiology* 16(4).
- **Kazuhiko Ito**, Samantha DeLeon, Morton Lippmann (2005). Associations between ozone and daily mortality: A review and additional analysis. *Epidemiology* 16(4).

Provided a single lag

Provided multiple lags

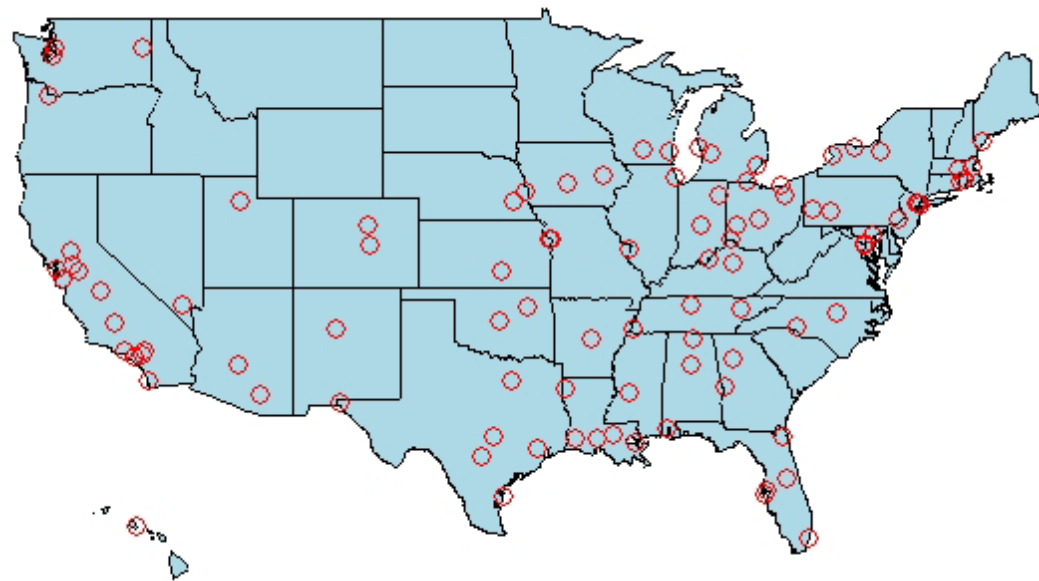
% Increase in Daily Mortality
for 10 ppb in Daily O₃



Selected Meta-Analysis Results

- 144 effect estimates from 39 time-series studies
- Strong statistically significant association identified between ozone and mortality for total deaths and cardiovascular disease
- Implied relationship between ozone and respiratory disease mortality
- Large heterogeneity in individual study estimates
- Strong indications of publication bias

2) Multi-City Study



- Time-series study to investigate short-term exposure to ambient ozone (up to a week)
- 95 large urban U.S. communities (40% of the U.S. population)
- 14 years of daily data from 1987 to 2000
 - Some cities monitor O₃ for part of the year
- Uniform analysis framework for all cities
- Total and Cardiovascular/Respiratory mortality

Hierarchical Approach

- Stage 1
 - Estimate the relationship between ozone and mortality within each city
- Stage 2
 - Combine the city-specific estimates to generate a national estimate, taking into account the uncertainty of each city's estimate

Stage 1: Community-Specific Model

Mortality for a given city on a given day

Ozone levels on that day and previous days

Day of the week

Time / long-term trends

$$\ln(E[\mu_t^c]) = \sum_{l=0}^L \beta_l^c x_{t-l}^c + \gamma^c DOW_t^c + S_t^c (time_t, df_t)$$

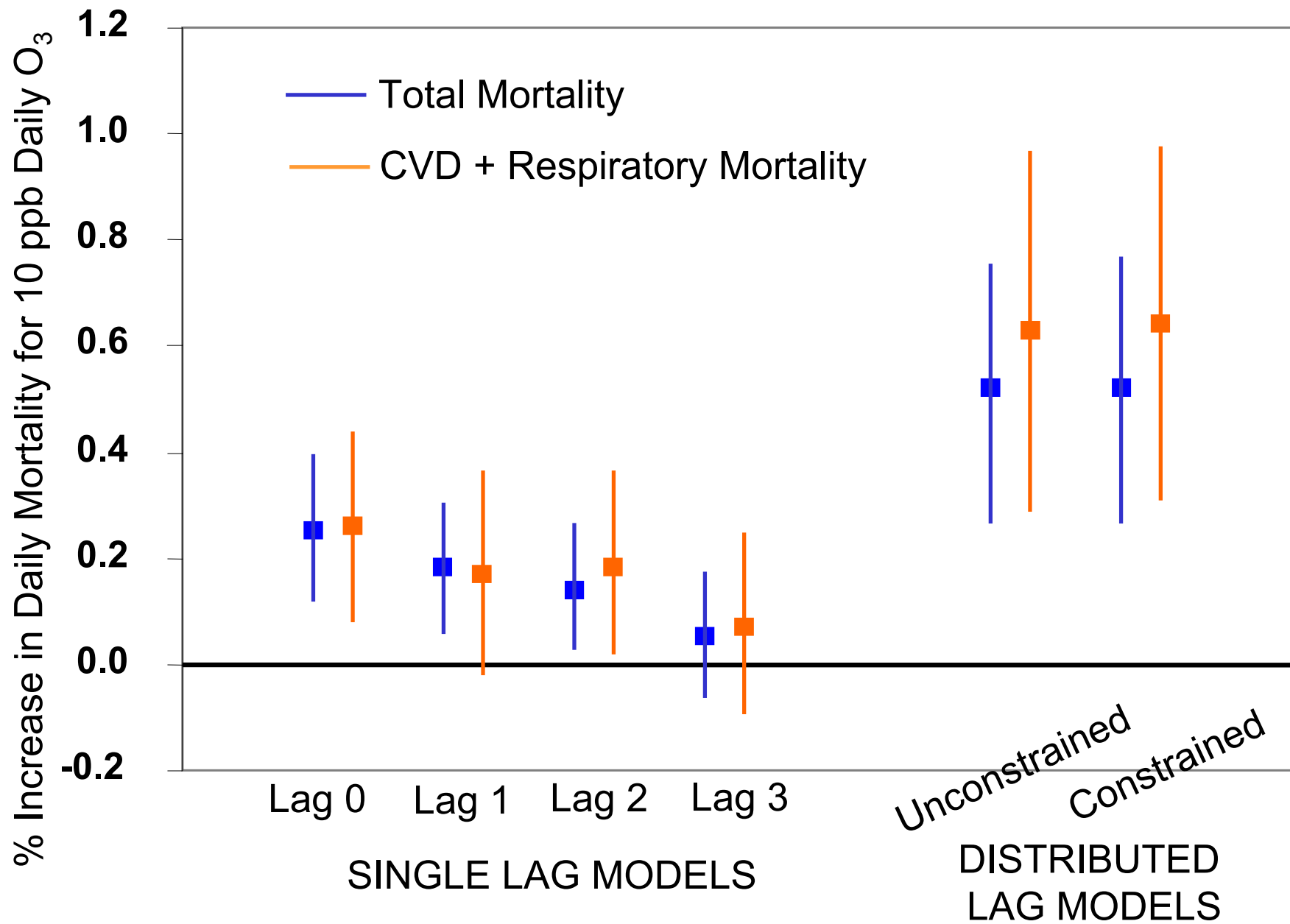
Temperature

Heat waves

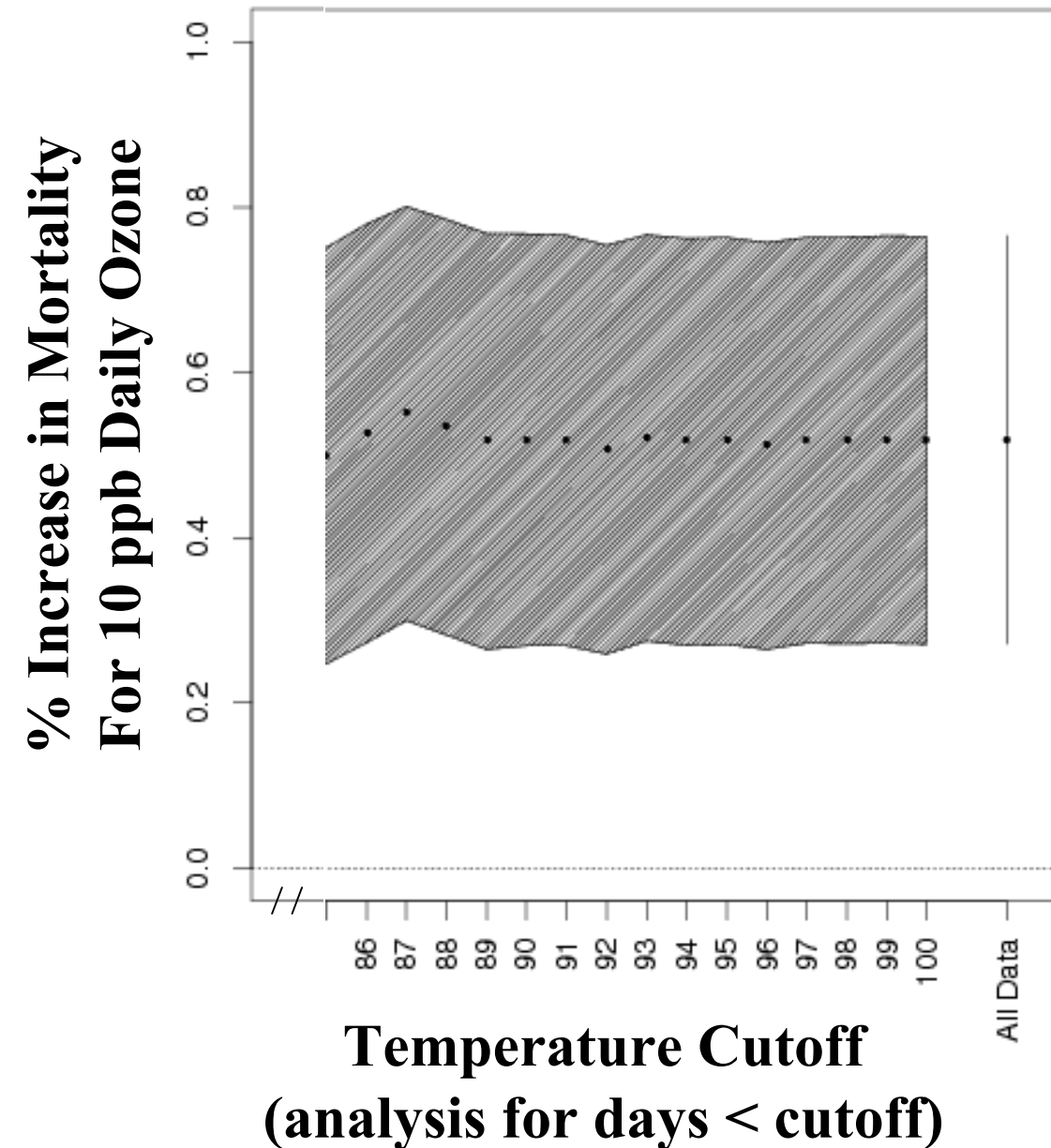
$$+ S_T^c (T_t^c, df_T) + S_{T_{1,3}}^c (T_{t-1,t-3}^c, df_{T_{1,3}})$$

Dew point on that day and recent days

$$+ S_D^c (D_t^c, df_D) + S_{D_{1,3}}^c (D_{t-1,t-3}^c, df_{D_{1,3}})$$

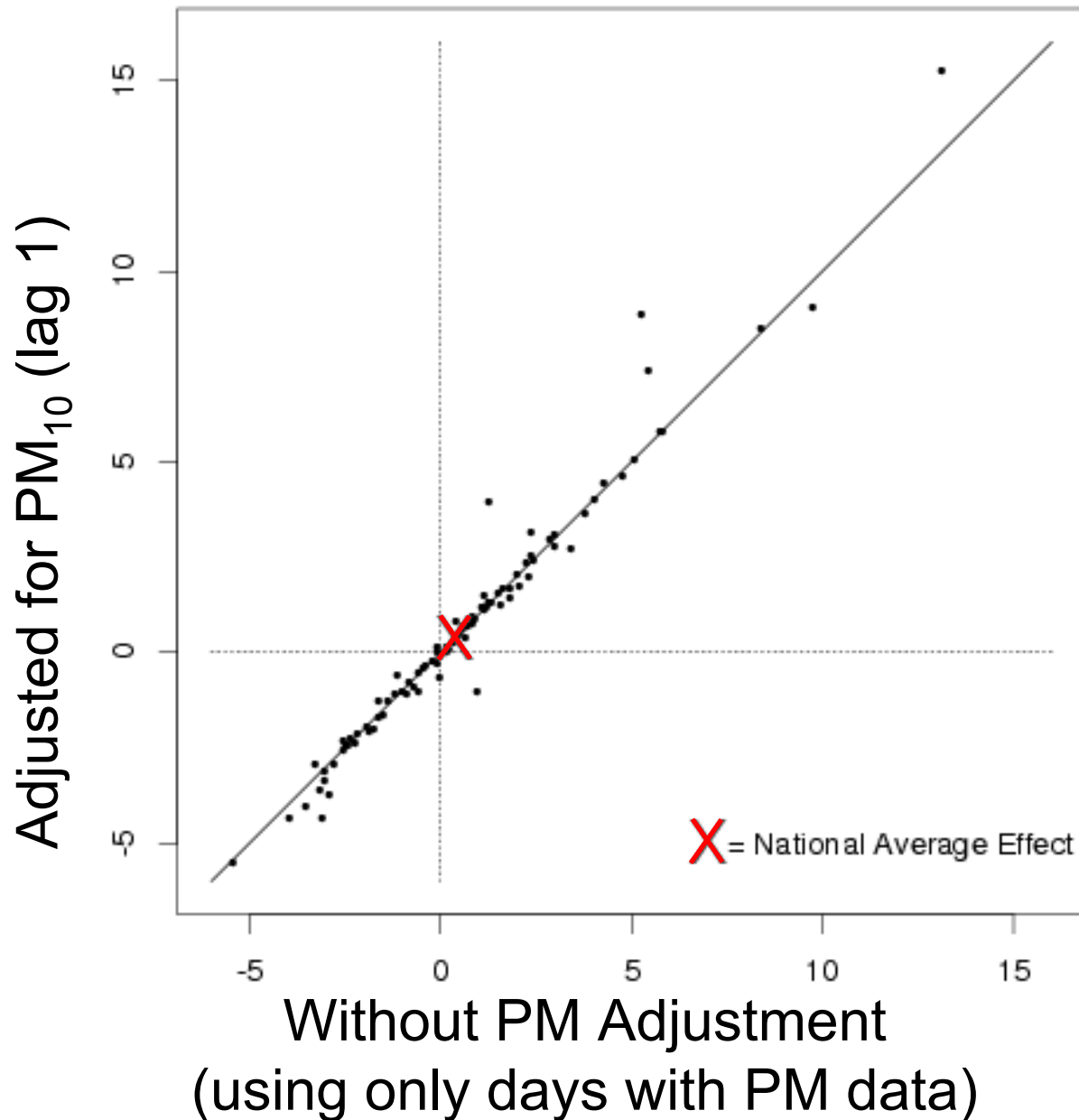


Exclude Days with High Temperatures



- Results robust to exclusion of high temperature days
- Effects range from:
0.50% (0.25, 0.75%)
to
0.55% (0.30, 0.80%)

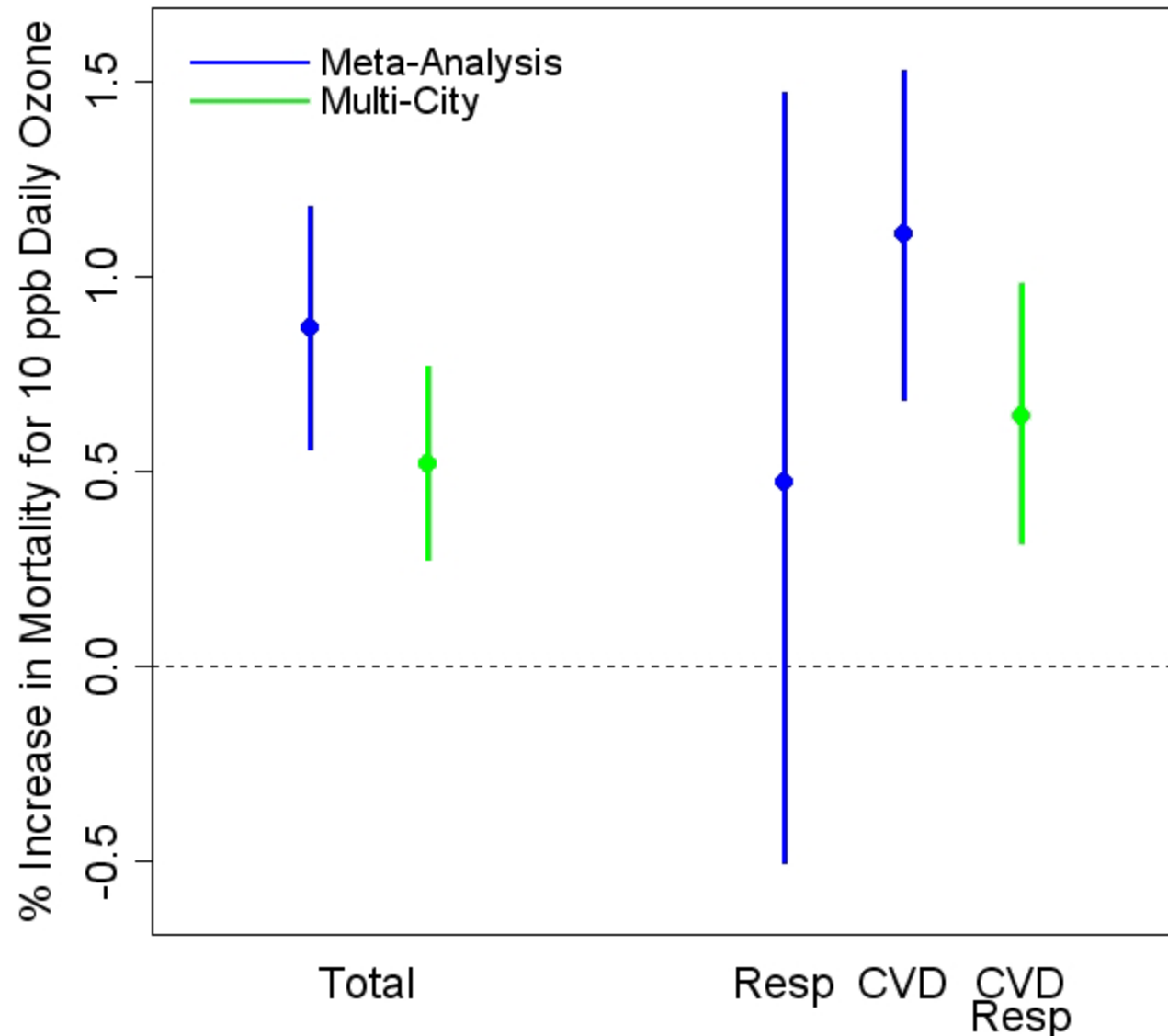
Sensitivity to Adjustment by PM_{10}



Selected Multi-City Study Results

- 95 U.S. urban communities over 14 years
- Identified a strong statistically significant association between ozone and mortality
- Effects present for O₃ on the present day, previous day, and up to about a week
- Effects similar for all age groups considered
- Results robust to adjustment by PM₁₀, degrees of freedom for smooth functions of time, and temperature
- Association present even when considering only days below EPA's current standard

Compare Meta-Analysis and Multi-City Results





January 2005
EPA-600/P-05/001a

Air Quality Criteria for
Ozone and Related
Photochemical Oxidants
(First External Review Draft)

Volume I of III

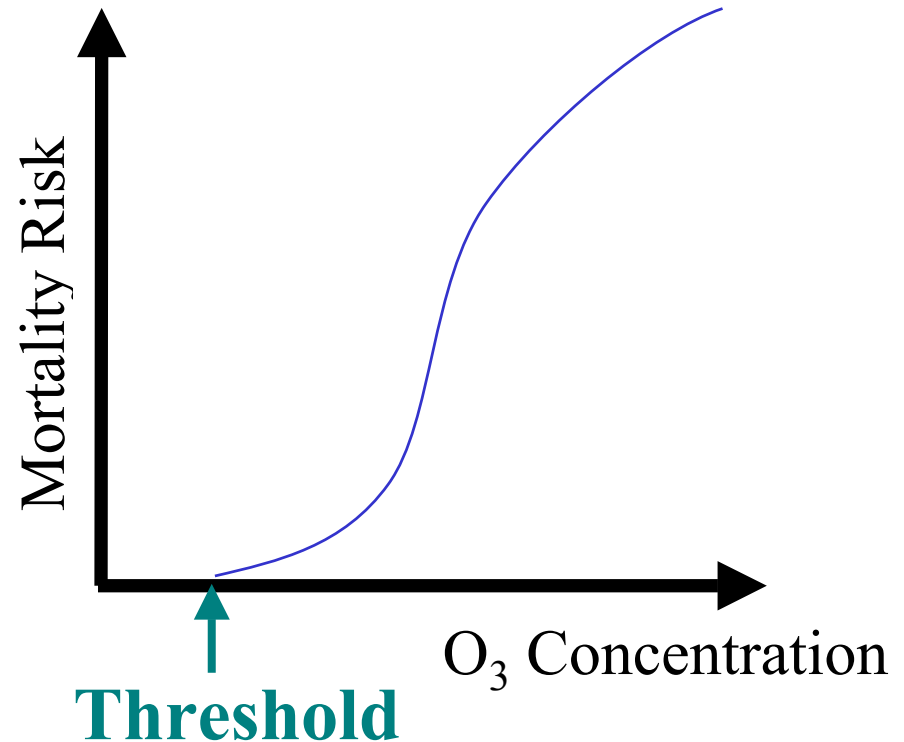


**Mortality now
(tentatively) included
as a health endpoint.**

Source: EPA. *Air Quality Criteria for Ozone and Related Photochemical Oxidants DRAFT*. **2005**

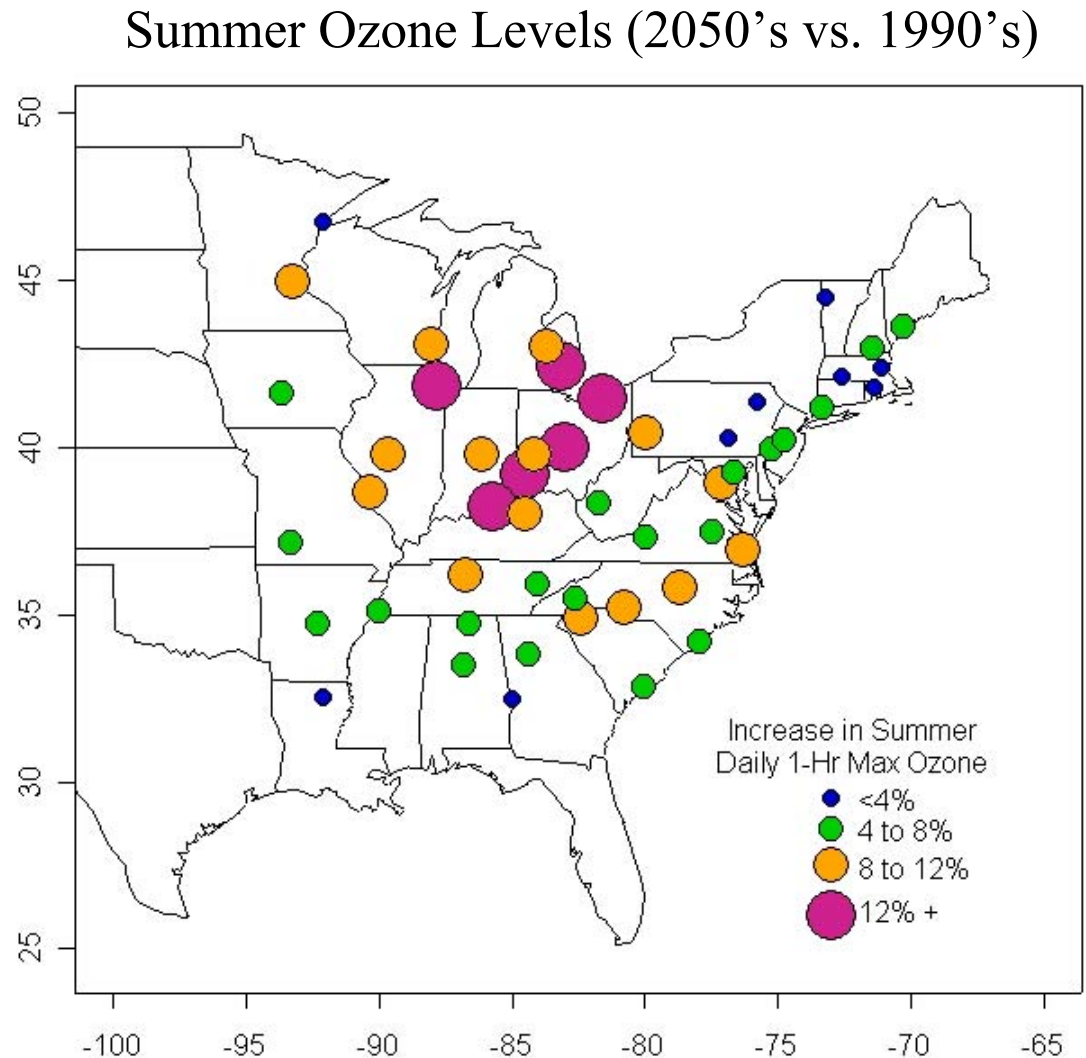
Future Research Directions

- Ozone threshold studies



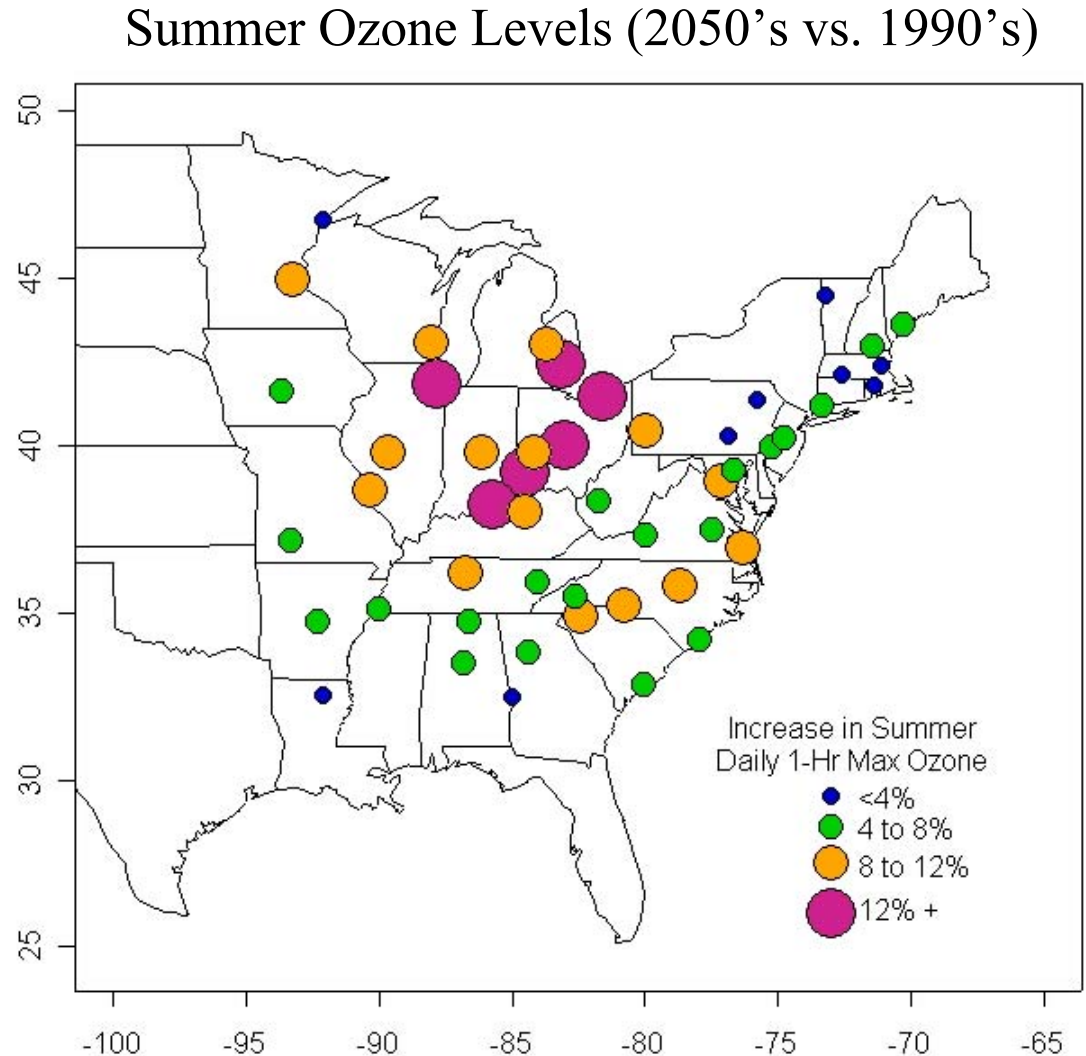
Future Research Directions

- Ozone threshold studies
- Climate change and ozone



Future Research Directions

- Ozone threshold studies
- Climate change and ozone
- Particulate matter speciation
- Mortality and air pollution in Latin American urban centers



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